C:1501 1370.00 DA C:8001 30.00 DA APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION N 09/382,433 08/25/1999 JOHN G. STARK 2947.03US02 5227 TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/08/2004			PART E	3 - FEE(S)	TRA	NSMITTAL		Truj
INSTRUCTIONS this form should be used for transmitting the ISSUE FEE and PLIBLICATION FEE (if required). Blocks: I through 5 should be completed appropriate. All other correspondence including the Paters, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRES" (Nac. Use Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRES" (Nac. Use Block I) for my change of address) Note: A certificate of mailing can only be used for downerite mailings are not provided in the certificate of the pater and the pa		this form, together wi	th applicable f		_	Commissioner for P.O. Box 1450 Alexandria, Virg	or Patents	<i>,</i>
Not:: A certificate of mailing can only be used for domestic mailing refer of Transmission be used for domestic mailing refer of Transmission be used for domestic mailing refer of Transmission are its own certificate of mailing or transmission. PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A. 4800 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402-2100 //2004 ERREGN? 00000131 160631 09382433 11501 1370.00 PB APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 99/382,433 08/25/1999 JOHN G. STARK APPLICATION NO. RETHOSES FOR JOINT REHABILITATION APPLICATION STANDARD RESIDENCE MAILENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 S0 \$1330 12/08/2004 EXAMPLER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 1. Change of correspondence address (or Change of Correspondence Address Findication for "Fee Address" Indication of "Fee Address" Indication for "Pee Address" Indication for "Fee Address In	INSTRUCTIONS This fi appropriate. All orther co- indicated unless corrected indicated unless corrected in interpretate notification	orm should be used for training the below or directed otherwise ons.	nsmitting the ISSU Patent, advance or e in Block 1, by (a	JE FEE and Inders and notif	UBLIC fication new co	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks I through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed when correspondence address a arate "FEE ADDRESS" for
PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A. 4800 IDS CENTER 80 SOUTH 8TH STREET 80 S	CURRENT CORRESPONDEN	NCE ADDRESS (Note: Use Block 1 for	r any change of address)		~~~~	Note: A certificate of Fee(s) Transmittal, Th	mailing can only be used fair certificate cannot be used	or domestic mailings of the
Peter S. Dardi, Ph.D. (Depositor) 1501 1370,00 DB APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION N 09/382,433 08/25/1999 JOHN G. STARK 2947.03US02 5227 TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 Sko. RICHMAN, GLENN E 3764 602-016000 Sko. 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents (37 or agents OR, alternative) and the names of up to 2 registered patent attorneys or agents. If no name is 1 required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota	4800 IDS CENTE 80 SOUTH 8TH S	ER STREET	& CHRISTEN	NSEN, P.A	L.	Cer	rtificate of Mailing or Tran	· smission
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 99/382,433 08/25/1999 JOHN G. STARK 2947.03US02 5227 TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION APPLIN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 SO \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 SKO. 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CITCR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Address form PTO/SB/122) attached. Type Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota	2004 EAREGAY2 00000131	160631 09382433						(Depositor's name
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 99/382,433 08/25/1999 JOHN G. STARK 2947.03US02 5227 TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 \$\footnote{\text{Konsigner}}\$ Konstant Class Subclass RICHMAN, GLENN E 3764 602-016000 \$\footnote{\text{Konsigner}}\$ Konstant Class Subclass I. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address' indication for "Fee Address" Indication form PTO/SB/122) attached. The Address' indication for "Fee Address' Indication form PTO/SB/122) attached. The Address' indication for "Fee Address' Indication form PTO/SB/122) attached. The Address' indication for "Fee Address' Indication form PTO/SB/122) attached. The Address' indication for "Fee Address' Indication form PTO/SB/122) attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication form PTO/SB/122 attached. The Address' indication for "Fee Address' Indication	i501 1370.00 DA			•		Poter 3	- Dardi	(Signature
O9/382,433 O8/25/1999 JOHN G. STARK 2947.03USO2 5227 TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 Sko CFR 1.363). CFR 1.363). Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota	1001 30.00 DA					Decembe	< 3, 200 Y	(Data
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 \$\$\frac{1}{2}\$Change of correspondence address or indication of "Fee Address" (37) CFR 1.363). Clange of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. Clarge Address and the correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached. Clarge Address and the correspondence address (or Change of Correspondence Address and the correspondence Address (or Change of Change of Correspondence Address (or Change of Change of Change of Change of Change of	APPLICATION NO.	FILING DATE		FIRST NAMED	ST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$0 \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 \$\frac{1}{2}\text{Ko.}\$ RICHMAN, GLENN E 3764 602-016000 \$\frac{1}{2}\text{Constitution of "Fee Address" (37 CFR 1.363).} Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The enders of the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minnesota	09/382,433		JOHN G.	STARK		2947.03US02	5227	
nonprovisional NO \$1330 \$0 \$1330 12/08/2004 EXAMINER ART UNIT CLASS-SUBCLASS RICHMAN, GLENN E 3764 602-016000 \$\frac{1}{2}\$\$\$ RICHMAN, GLENN E 3764 602-016000 \$\frac{1}{2}\$\$\$ CFR 1.363). Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Minneapolis, Minnesota								
EXAMINER RICHMAN, GLENN E 3764 602-016000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Minneapolis, Minnesota	APPLN. TYPE	SMALL ENTITY	ISSUE FI	ISSUE FEE		IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
RICHMAN, GLENN E 3764 602-016000 Sko. 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE Minneapolis, Minnesota	nonprovisional	NO	\$1330)	\$0		\$1330	12/08/2004
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE Nine apolis, Minnesota 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file in the patent of the patent. If an assignment is identified below, the document has been file in the patent of the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the patent. If an assignment is identified below, the document has been file in the	EXAMINER		ART UNIT		CL	ASS-SUBCLASS		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Minneapolis, Minnesota	RICHMAN, GLENN E		3764			602-016000	•	Skaar
Change of Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Minneapolis, Minnesota	CFR 1.363).		· ·	0.4			st Patte	rson, Thuente
PLOSBY 17, Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota	Change of correspon Address form PTO/SB/I	or agents OR, alternati			natively,		-	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota	"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation form e of a Customer	of a Customer 2 registered patent attorneys or agents. If no name is 2					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) IZEX Technologies, Inc. Minneapolis, Minnesota							ee is identified below, the d	ocument has been filed fo
, inimesoca								
Please check the appropriate assignee category or categories (will not be printed on the patent):	IZEX Technolo	gies, Inc.		Minne	apol	is, Minnesot	a	
	Please check the appropriat	e assignee category or catego	ries (will not be pri	inted on the pa	tent):	Individual 2 Co	omoration or other private on	oun entity D Governmen
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							separation of outer private gr	oup chility W Governmen
Issue Fee				`		ount of the fee(s) is en	closed.	
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 16-0631 (enclose an extra copy of this form).	Advance Order - # o	f Copies 10						credit any overpayment, to
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	a. Applicant claims S	MALL ENTITY status. See	e) 37 CFR 1.27.	b. Applica	nt is no	longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other painterest as shown by the records of the United States Patent and Trademark Office.				ion Fee (if any from anyone o) or to rother th	e-apply any previously an the applicant; a regi	y paid issue fee to the applica stered attorney or agent; or the	ntion identified above. ne assignee or other party in
Authorized Signature Porton &		Porton 8	A	OHICE.				

Typed or printed name Peter S. Dardi

Registration No. 39,650

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.